MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		4				
5		4				
6		4				
7		0				
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50						
TOTAL IND.	1					
TOTAL DEP.	12					
TOTAL CLAIMS	13					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						